



John Elias Baldacci  
Governor

STATE OF MAINE  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF ELDER AND ADULT SERVICES  
442 CIVIC CENTER DRIVE  
11 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0011

John R. Nicholas  
Commissioner

## MAINECARE HOME HEALTH DISCHARGE NOTICE

Date: \_\_\_\_\_

MaineCare #: \_\_\_\_\_

Member: \_\_\_\_\_

Address: \_\_\_\_\_

Dear \_\_\_\_\_,

In reviewing your needs and plan of care, \_\_\_\_\_ has decided that as of \_\_\_\_\_, you are not medically eligible for Home Health Services as described in Section 40.02-3 of the MaineCare Benefits Manual. **This means that MaineCare will no longer pay for your home health care as of \_\_\_\_/\_\_\_\_/\_\_\_\_, 14 days from today.**

### What will happen next?

1. A nurse from Goold Health Systems will come to your home to review your medical and nursing needs including:
  - How much help you need with nursing care; and
  - How much help you need with your personal care (dressing and bathing), and how much help you need with chores around your home (housework, laundry and groceries).
2. After the assessment is completed, the nurse will tell you if you are eligible for a MaineCare long-term care program.

**If you ARE eligible** for a MaineCare long-term care program, your current Home Health services will stay in place until the new program services start.

**If you ARE NOT eligible** for a MaineCare long-term care program, your current Home Health Services will end on \_\_\_\_\_.

If you have questions concerning this decision, you may contact us at \_\_\_\_\_ or you may contact the Bureau of Elder and Adult Services at 1-800-262-2232. A copy of Section 40.02-3 is available on request.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
(Agency Name)

Encl. Hearing Rights

HH Denial Letter - BEAS 7\_1\_04

Phone: (207) 287-9200 1-800-262-2232 Fax: (207) 287-9229

TTY: (207) 287-9234  
Deaf – Hard of Hearing

TTY: 1-888-720-1925  
Deaf – Hard of Hearing